

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	21
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00569905</span> </div>
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Check if ☒ 24-hour report    ☐ 48-hour report    ➤
☒ New report    ☐ Amends report filed on 
 

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Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490		Amount <div> <div>1503.83</div> </div>	
City MCLEAN	State VA	Zip Code 22102-3028	<b>Transaction ID : SE24.93414</b>
Purpose of Expenditure CONSULTING - DIRECT MAIL		Category/ Type 004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>1008076.56</div> </div>		District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490		Amount <div> <div>1503.82</div> </div>	
City MCLEAN	State VA	Zip Code 22102-3028	<b>Transaction ID : SE24.93415</b>
Purpose of Expenditure CONSULTING - DIRECT MAIL	Category/ Type	004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>
Name of Federal Candidate CLINTON, HILLARY, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1008076.56</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	3007.65
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Frank, Robert, , ,*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature